

LEA MEDI-CAL ADMINISTRATIVE ACTIVITIES (MAA) DETAIL INVOICE

II. LEA Cost Data Collection Totals

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SAMPLE

Claiming Unit Name: Sutter County Office of Ed
 DHS Contractor (Region): LEC Region 3
 Contract #: 99-8573
 LEA M/C Billing Option Provider #: #####

Date: 2/14/2003
 Contract Year/Quarter: 99/00-1
 Period of Service: July - Sept

A		B	
SALARIES (Objects 1000-2999):	Functions	BENEFITS (Objects 3000-3999):	Functions
	1000-9999, except 2700 & 7000-7199		1000-9999, except 2700 & 7000-7199
28 Total LEA Salaries	1,366,800	Total LEA Benefits	257,663
29 Less: Time Survey Participant (Employee) Salary Costs	86,027	Less: Time Survey Participant (Employee) Salary Costs	33,298
30 Less: Direct Charge Salary Costs	14,000	Less: Direct Charge Benefit Costs	5,000
31 TO OTHERS COST POOL	1,266,773	TO OTHERS COST POOL	219,365
	Functions		Functions
	2700 & 7000- 7199		2700 & 7000- 7199
32 Total LEA Salaries	678,700	Total LEA Benefits	97,592
33 Less: Time Survey Participant (Employee) Salary Costs	115,135	Less: Time Survey Participant (Employee) Salary Costs	-
34 Less: Direct Charge Salary Costs	-	Less: Direct Charge Benefit Costs	
35 TO ALLOCATED COST POOL	563,565	TO ALLOCATED COST POOL	97,592

SAMPLE